ISLAMORADA, VILLAGE OF ISLANDS COMMUNITY DEVELOPMENT BLOCK GRANT HOUSING REHABILITATION PROGRAM

PROGRAM OVERVIEW

Islamorada, Village of Islands has secured a Community Development Block Grant. Financial assistance is available to provide funding to Village property owners for the purpose of improving properties serving very low and low-income households.

Priority #1: Owner occupied, single family, primary residences with housing code, Housing

Quality Standards or health/safety violations.

Priority #2: Property owners of single family or multifamily rental properties occupied by

eligible households with housing code, Housing Quality Standards or

health/safety violations.

Funding provided to very low- and low- income persons owning and occupying a primary residence (Priority #1) will be provided in the form of a grant.

Funding provided to property owners of single family or multifamily rental properties occupied by very low- and low-income households (Priority #2) and owner occupied, single family, primary residences of moderate-income households (Priority #1) will be in the form of a mortgage loan on the subject property. The term of the loan shall be five (5) years. The loan shall accrue no interest and require no regular payments. The principal balance shall be forgiven at a rate of 1/5th annually. During the term of the loan the property owner shall be required to lease the property to an income eligible household.

The maximum amount of assistance available per household is \$15,000.00. The Village has a total of \$200,000 from the CDBG Program and \$50,000 from the State Housing Initiatives Partnership (SHIP) Program.

Income Eligibility

The CDBG Program serves only very low- and low-income households. If these funds have not been expended and all applications have been completed, the Village will consider funding moderate-income households, in accordance with the Village's Housing Assistance Plan. In Monroe County, this is defined as households with gross annual incomes NOT to exceed the following:

Household Size	Very Low	<u>Low</u>	<u>Moderate</u>
One Person	\$19,800	\$31,650	\$47,520
Two Persons	\$22,600	\$36,150	\$54,240
Three Persons	\$25,450	\$40,700	\$61,080
Four Persons	\$28,350	\$45,200	\$67,800
Five Persons	\$30,500	\$48,800	\$73,200
Six Persons	\$32,750	\$52,450	\$78,600
Seven Persons	\$35,050	\$56,050	\$84,120
Eight Persons	\$37,300	\$59,650	\$89,520

Application Period

Applications will be accepted beginning (June 30, 2003) through (September 20, 2003). All applications received within the application period will be processed, certified and ranked as outlined herein. Applications will be accepted by mail or hand delivery to the Village Office. Applications received after the application deadline will not be accepted. In the event sufficient funding exists and all qualified applications received in the initial application cycle are addressed, the Village may conduct a second application cycle.

Priorities and Ranking

Applications received within the application period which meet the primary criteria above shall be prioritized according to Priority #1 (Homeowners) and Priority #2 (Landlords). Within each category, individual applications will be ranked based on the schedule outlined below. In the event an insufficient number of applications are received under Priority #1, applications received under Priority #2 will be assessed and ranked for consideration using the criteria above. Households receiving the highest priority and ranking score shall be addressed until all available funding has been expended. In the event of tie scores, very low-income households will receive priority.

Priorities

Elderly (one owner greater than 62 yrs.)	10
Disabled household member	10
Documented Housing Code violation	10
Very Low Income	05
Children in household (greater than 2)	05
Length of Ownership (greater than 15 yrs.)	05
Single parent household	05

Funding Sources and Amounts

Funding for this program has been secured from the following sources:

●.	Village of Islamorada, Community Development Block Grant	\$200,000.00
•	Monroe County State Housing Initiatives Partnership (SHIP) Program	\$ 50,000.00
	Total Funds Available:	<u>\$250,000.00</u>

Contact Information

The CDBG contact for the Village of Islamorada is Zully Williams, Project Manager, Planning and Development Services Department, 87000 Overseas Highway (P.O. Box 568), Islamorada, Florida 33036. Phone number: (305) 664-2345, ext. 231, Fax 853-5357 and Email: zully.williams@islamorada.fl.us

The CDBG contact person for the Monroe County Housing Authority is Mark Bell, Program Administrator, Special Programs Office, Monroe County Housing Authority, 1403 12th Street, Key West, Florida 33040, Phone number: (305) 289-9203, Fax (305) 295-6527 and Email: bellm@kwha.org.

APPLICATION INSTRUCTIONS

- 1. <u>Complete attached APPLICATION FORM</u>. Completing this form allows staff to process your application and determine your eligibility.
- 2. <u>Complete attached RELEASE OF INFORMATION FORM.</u> Complete one form for each adult member of the household. Completing this form allows staff to verify your eligibility.
- 3. <u>Complete attached SOCIAL SECURITY CONSENT FOR RELEASE OF INFORMATION</u>. Complete <u>one</u> form for each member of the household who receives social security benefits.
- 4. <u>Complete attached REQUEST FOR VERIFICATION OF EMPLOYMENT FORM</u>. Complete ONLY Sections 1, 7 & 8 for each member of the household who receives income from employment. Complete ONLY employer name and address and authorization signature section authorizing release of information.

RETURN APPLICATION AND OTHER DOCUMENTS TO:

CDBG Program
Islamorada, Village of Islands
PO Box 568
Islamorada, Florida 33036

The Village will accept applications via mail or hand delivery at the address above through the close of the application cycle **September 30**, **2003**. All applications will be forwarded to the Monroe County Housing Authority's, Special Programs Office, 1403 12th Street, Key West, Florida 33040 for processing.

ISLAMORADA, VILLAGE OF ISLANDS COMMUNITY DEVELOPMENT BLOCK GRANT

HOUSING REHABILITATION PROGRAM APPLICATION

GENERAL INFORMATION

Owner's Name:	
Co-Owner's Name:	
Property Address:	
Islamorada, Florida	(Zip)
Mailing Address:	
Home Phone:	
Directions to Property:	
What year did you purchase the property?	
Is the property currently insured? (Circle) Yes	No
If yes to above, what type of insurance? (Circle) Homeowners Windstorm	Flood
Priority (Check One):	
#1 Very low- and low-income owner occuprimary residence.	upied, single family,
#2 Property owner of single family or mu property presumed to be occupied by	
income household(s).	

<u>Name</u>	<u>SS</u> #		Date of Birth	Han	dicapp	ed (Ý/N)
1			·			
2						
3.						
1						
4. <u> </u>					<u></u>	
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INCOME INFORMATI List the name of the household me Security, Rental, Other).	ION ember, annual income and source of	income (Wages, Social
Household Member	Annual Income	Source
SUMARY OF REPAIRS	S NEEDED:	

Statement: The information contained in this application is to be used to determine maximum income for eligibility. I/we understand that, for each person set forth herein, I/we may be required to provide verification of household composition, assets and income as may be required. I/we certify that the statements are true and complete to the best of my/our knowledge and belief and given under penalty of perjury.

Warning: Florida Statute 817 provides that willful false statements or misrepresentations concerning income or assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment under 775.082 or 775.83 F.S.

Signature of Owner	,			Date	
		er e			
Signature of Co-Owner		· · · · · ·		Date	

SPECIAL PROGRAMS OFFICE APPLICANT RELEASE OF INFORMATION FORM

I / We, the undersigned, hereby authorize the release without liability of information regarding my / our employment, income or assets to the SPECIAL PROGRAMS OFFICE, MONROE COUNTY HOUSING AUTHORITY for the purposes of verifying information provided as part of my / our application for assistance in the Village's Community Development Block Grant Program.

I / We understand that previous or current information regarding me/us may be needed. Verifications and inquiries may be requested including, but not limited to: personal identity, employment, income, assets, medical or child care allowances. | / We understand that this authorization cannot be used to obtain information about me / us that is not pertinent to my eligibility in the Village's Community Development Block Grant Program.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether I / we may qualify for the program. It will not be disclosed outside the agency except as required and permitted by law. I / we do not have to provide this information, but if I / we do not, my / our application for assistance maybe delayed or rejected.

Conditions: I / We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for two years and six months from the date signed. I / We understand that I / we have a right to review this file.

Signatures	Date Signed			
III-fil-washald	Drint Name	D-4(D:4)-	0-2-10-2-1-1	
Head of Household	Print Name	Date of Birth	Social Security #	
Spouse/Other Adult Memb	per Print Name	Date of Birth	Social Security #	
Additional Adult Member	Print Name	Date of Birth	Social Security #	

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A TAX RETURN IS REQUIRED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

VERIFICATION OF FINANCIAL ASSETS (07.02)

Applicant Name:	Social Security #
Address:	Account #
TO WHOM IT MAY CONCERN:	
through the Small Cities Community Develop under this program, an applicant may not have assistance is requested to verify the applican	r a housing rehabilitation deferred payment load oment Block Grant Program. To receive a load an income that exceeds established levels. You t's financial eligibility. Permission to release this ete the final section of this form and return in the ponse will be greatly appreciated.
	Sincerely,
	Grant Administrator
and a second sec	ed to my financial situation to be released to the for the Date:
Retirement:	
Disability Insurance:	Checking:
Mortgage:	Social Security:
Employment:	
The above information is furnished in strict conf	idence, in response to your request.
	Date:
Name	
Title	
Signature	

SPECIAL PROGRAMS OFFICE SOCIAL SECURITY, CONSENT FOR RELEASE OF INFORMATION

10:	Social Security Adm	ninistration				
From:	Special Programs C	Office, Monro	e County H	lousing Autl	nority	
Re:	Request for Informa	ition, Benefit	Verification	1		
Housing Au household	ZATION: State a thority to verify Socapplying for assista This information will	cial Security nce. We	Benefit Ir ask your	ncome of a cooperation	all member n in suppl	rs of the ying this
Name	<u> </u>	_	Social Se	ecurity Nun	nber	
Address		- Addre	Date of E	Birth		
	formation released to federal/state assistar am.					
Please relea	se the following inf	ormation:				
X- Gross mo	nthly Social Security	benefit amoı	unt			
<u>X-</u> Gross mo	nthly Supplemental S	Security bene	efit amount		•	
<u>X-</u> Amount o	f monthly deductions	for Medicare	e paid by th	e applicant		
Signature				Date		<u> </u>

STATEMENT OF NO TAX RETURN

To be completed by appl	ioants who are not requir	ca to me reacidi n	ncome rax R	51U1115
Owner				· · ·
Co-Owner			· · · · · · · · · · · · · · · · · · ·	·
Property Address				
· .		·	· · · · · · · · · · · · · · · · · · ·	
I / We do not, are not req	uired, to file a Federal in	come Tax Return t	oecause:	
The sources and amou		re:		
<u></u>			D	 1
Recipient Name	Source	Amount	Per Wk/Mo/Yr	
		\$		
		\$		
		\$		
		\$		
		\$		
		\$	\$	
<u> </u>		Total	Φ	
Signature, Owner	Print Name	Social	Security #	
Date				
Signature, Co Owner	Print Name	Social	Security#	
Date				
	•			
Notarization				

REQUEST FOR VERIFICATION OF EMPLOYMENT

Privacy Act Notice: This information is to be used by this agency collecting it or its assignees in determining whether you qualify as a prospective applicant under the CDBG Housing Rehabilitation program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38 USC. Chapter 37 (if VA); by 12 USC, Section 1701 et.seq. (if HUD/FHA); by 42 USC, Section 154b (if HUD/CPD); and Title 42 USC, 1471 et.seq.; or 7 USC. 1921 et.seq. (if USCA/FmHA).

TO: (name and address of Emplo	c/o Monroe County Housing Authority 1403 12th Street
authorization below, in order to determine	to verify employment history and income information for the person that has provide their eligibility for program housing rehabilitation assistance. We are requesting you below. This information will be held in confidence for use only in determining the ogram.
I hereby authorize the release of rassistance in this program.	quested information, which is necessary to determine my eligibility for
	APPLICANT AUTHORIZATION
Signature	Date
Printed Name	Address
FO	EMPLOYER COMPLETION ONLY
1. Title of Position Held:	Length of time employed:
	Pay Frequency (Hr, Wk, Mo)
3. Overtime Pay Rate:	Average OT Hours/Wk:
4. Total Annual Base Pay Earnings:	Total OT Base Pay Earnings:
5. Amount and Frequency of Other	Compensation (bonus, raise, commission, tips):
6. Vacation Pay (Y or N):	If yes, number of days:
7. Retirement Account (Y or N):	Amount Accessible to Employee:
8. Total GROSS Annual Income, inc	uding other compensation, for next 12 months:
SIGNATURE OF EMPLOYER	AUTHORIZED SIGNATURE TITLE DATE
PRINT OR TYPE NAME ABOVE	PHONE NO.

Federal Statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance of conspiracy.